

| POSITION            | INITIALS | ID NO. | DATE    |
|---------------------|----------|--------|---------|
| FEE DETERMINATION   | BA       | 70395  | 8-27-99 |
| O.I.P.E. CLASSIFIER |          |        |         |
| FORMALITY REVIEW    | SB       | #07033 | 9-1-99  |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

| Claim | Date     |    |    |  |
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| Final | Original |    |    |  |
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| 3     | 01       | 03 | 02 |  |
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy